

Stephanie Anderson, case # 2009R01028

**FINANCIAL IMPACT STATEMENT WORKSHEET**

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

**A. Crime Related Costs**

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

Billed by Dr Haese's clinic for treatment \$ 8,098  
for Daniel and Stephanie Anderson  
(was billed to Kathleen and James Hallman  
for our treatment) \$ \_\_\_\_\_

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

4. If you had any funeral expenses, please list them.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

*(Stephanie and husband Daniel Anderson traveled together.)*

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.) *(Air tickets were free because of frequent flier miles.)*

Travel expense - hotel - La Quinta in Las Cruces, NM \$ 759.68

Travel expense - car rental - Enterprise \$ 436.74

Travel expense - food during stay in Las Cruces, NM \$ 364.08

6. Travel expense - gas and airline checked bag fees - \$ 72.21  
 If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ \_\_\_\_\_

**TOTAL OF CRIME RELATED COSTS** \$ 9,730.71

**B. Money you have received from other sources:**

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

**Property, Auto or Homeowners Insurance** \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Insurance** \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other (list source and amount and please use additional paper if necessary.)

\$ \_\_\_\_\_

2. Have you applied for Crime Victim Compensation Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If you received any compensation as a result of your claim, please list the amount.

\$ \_\_\_\_\_

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ \_\_\_\_\_

Please write any additional information you would like the judge to know about the money this crime has cost you.

Stephanie E. Anderson  
SIGNATURE

3-7-10  
DATE

Subject: (no subject)  
 From: DRCarlEHaese@aol.com  
 Date: Tue, 20 Jan 2009 15:54:56 EST  
 To: hallent@xprt.net

Anderson's

01/20/2009

2-Anti Microbial Infusions	\$1,900.00 (950.00)x2	
		<i>overcharged \$2.00</i>
3-Nutritional Support IV's	\$885.00 (295.00)x3	<i>\$7,940</i> <i>+ 156 Supplements</i>
		<i><u>\$8,096</u></i>
3-Dioxychlor IV's	\$585.00 (195.00)x3	<i>Billed \$8,098</i>
2- ST-8 Treatments	\$300.00 (150.00)x2	
2- FIR Detox	\$300.00 (150.00)x2	
Total Cost of protocol	\$3,970.00x2	\$7,940.00

Inaug:

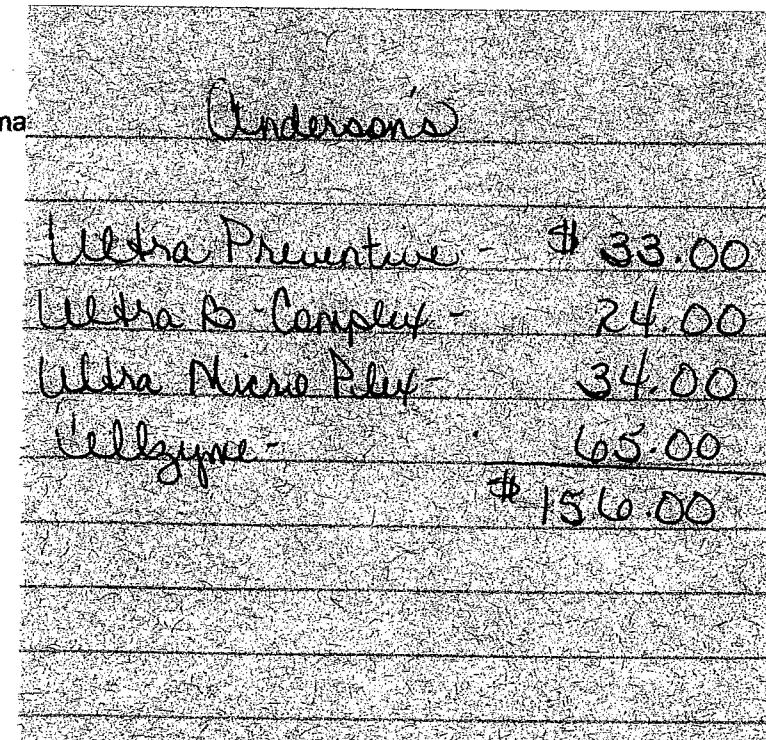
from the na

*(Anderson)*

THE HAESSE CLINIC  
 532 N TELSHOR STE G  
 LAS CRUCES, NM 8801  
 TERMINAL I.D.: 060000011667001  
 MERCHANT #: 01/20/09 3:41 PM  
 VISA \*\*\*\*7258  
 MANUAL  
 SALE  
 BATCH: 000075  
 INV: 494788  
 AUTH: 05564C  
 RRN: 00000000  
 AUS: Y  
 TOTAL \$8098.00

*S & D*  
*Anderson*

CUSTOMER COPY





LA QUINTA INN LAS CRUCES ORGAN MOUNTAIN  
1500 HICKORY DRIVE  
LAS CRUCES, NM 88005  
5755230100

WDERSON, DANIEL  
085 PIONEER BOULEVARD  
ITE 200  
NDY, OR 97055  
mpany: AAA RATES

Folio#: 403035716  
Room: 215  
Arrival: 01/18/09  
Departure: 01/28/09  
Rate: \$63.00

Returns Club No :  
Voucher/Ship/PO: VT2GGC

Trans #	Date	Description	Charges	Payments	Balance
59326	1/18/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$66.60
59327	1/18/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$69.10
59328	1/18/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$72.43
59329	1/18/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$77.18
59501	1/19/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$143.78
59502	1/19/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$146.28
59503	1/19/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$149.61
59504	1/19/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$154.36
59738	1/20/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$220.96
59739	1/20/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$223.46
59740	1/20/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$226.79
59741	1/20/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$231.54
59928	1/21/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$298.14
59929	1/21/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$300.64
59930	1/21/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$303.97
59931	1/21/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$308.72
60172	1/22/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$375.32
60173	1/22/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$377.82
60174	1/22/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$381.15
60175	1/22/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$385.90
60396	1/23/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$452.50
60397	1/23/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$455.00
60398	1/23/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$458.33
60399	1/23/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$463.08
60598	1/24/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$529.68
60599	1/24/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$532.18
60600	1/24/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$535.51
60601	1/24/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$540.26
60823	1/25/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$603.26
60824	1/25/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$605.76
60825	1/25/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$608.91
60826	1/25/2009	TAX - OCCUPANCY - STATE	\$4.49	\$0.00	\$613.40
1066	1/26/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$676.40
1067	1/26/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$678.90
1068	1/26/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$682.05
1069	1/26/2009	TAX - OCCUPANCY - STATE	\$4.49	\$0.00	\$686.54
1348	1/27/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$749.54
1349	1/27/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$752.04
1350	1/27/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$755.19



ENTERPRISE LEASING COMPANY - WEST  
6701 CONVAIR RD STE T  
EL PASO, TX 799251029  
(915) 779-2260  
Branch: 1007649  
Ticket: 610695 Ref#: 4H773J

DANIEL ANDERSON  
Out: 01/18/2009 2:57 PM  
In: 01/28/2009 11:05 AM  
Vehicle: 2008 CHRY PTCR TOUR  
Vehicle License: FLT775

TIME & DISTANCE

1@\$142.51/WEEK =	\$142.51
3@\$28.64/DAY =	\$85.92
REFUELING CHARGE =	\$0.00
YOUNG DRIVER FEE (18-24)	
10@\$10.00/DAY =	\$100.00
AIRPORT SURCHARGE	
10.0000% =	\$32.84
TEXAS REIMBURSEMENT FEE	
10@\$1.85/DAY =	\$18.50
TEXAS MOTOR VEHICLE RENTAL TAX	
10.0000% =	\$37.98
SUNBOWL TAX 5.0000% =	\$18.99
Total Charges:	\$436.74

Charge To: MC XXXXXXXXXXXX7825

Thank you for renting from  
Enterprise Rent-a-Car  
To reserve a car use:  
1 (800) RENT-A-CAR  
or  
[www.enterprise.com](http://www.enterprise.com)

QUIZNOS 5771  
1455 HICKORY DR. #6  
LAS CRUCES, NM 88005  
(505) 523 4600

\*\*\* COPY \*\*\*

ORDER # 01373

RG PRIME RIB	5.99
RG TRKY RANCH	5.39

EAT-IN

	\$ 11.38
TAX TOTAL	\$ 0.81
TOTAL	\$ 12.19
CHECK	\$ 12.19

5173 COUNTER JAN. 19, 2009  
REG1-PM 11:52

CUSTOMER COMMENTS CALL 866 4TOASTED  
VISIT US AT [WWW.QUIZNOS.COM](http://WWW.QUIZNOS.COM)  
GO TO [WWW.ULTIMATEITALIAN.COM](http://WWW.ULTIMATEITALIAN.COM)  
TO ENTER QUIZNOS  
ULTIMATE ITALIAN GIVEAWAY

SUBWAY SANDWICHES #6  
555 UTAH #C  
LAS CRUCES, NM 88001  
(505) 644-2062

JAN 20, 2009 02:06PM

MERCH ID: 01319899835000

REF #: 037  
ACT #: \*\*\*\*4010

CARD : MASTERCARD

SALE \$ 11.67

APPROVAL CODE: 063523  
TRAN ID: MDGIGSKHF0120

I AGREE TO PAY ABOVE  
TOTAL AMOUNT ACCORDING  
TO CARD ISSUER AGREEMENT

X \_\_\_\_\_ SIGNATURE

ANDERSON/DANIEL BENJAMIN

THANK YOU!  
PLEASE COME AGAIN!

CUSTOMER COPY

Sale

\*\*\*\*\*4010

MASTERCARD Entry Method: Swiped

Amount: \$ 19.31  
Tip:

Total:

01/21/09 18:50:58  
Inv #: 000052 Appr Code: 064604  
Apprvd: Online Batch#: 000480

Customer Copy

THANK YOU



Cracker Barrel Store #253

Las Cruces, NM

1043410 CHRISTINA L 1

TBL 214/1 5 6 7 2 GST 2  
JAN20'09 7:17PM

1 WATER	0.00
1 WATER	0.00
1 MOM CAKE MAPLE SCRAMBLED	7.19
1 CD SM CO HAM	7.19
Subtotal	14.38
Tip	3.00
Tax	1.06
Total	18.44
XXXXXXXXXXXX1016 XX/XX	
MASTER CARD 18.44	
--1138714 CLOSED JAN20 7:48PM--	

Thank You  
Please Come Back  
[www.CrackerBarrel.com](http://www.CrackerBarrel.com)

QUIZNOS 5771  
1455 HICKORY DR. #6  
LAS CRUCES, NM 88005  
(505) 523 4600

ORDER # 01607

RG BRBN CHICKN	5.39
CHIPS	0.99
MED DRINK	1.59
RG ITALIAN	5.39
CHIPS	0.99
1 ENTREE/CHIPS	-0.59

EAT-IN

TAX TOTAL	\$ 13.76
TOTAL	\$ 0.98
	\$ 14.74
MASTER CARD	\$ 14.74
CHARGE TIP	\$ 0.00
ACCOUNT# :	
AUTH# :	

5454 COUNTER JAN.21,2009  
REG1-PM 12:00

CUSTOMER COMMENTS CALL 866 4TOASTED  
VISIT US AT [WWW.QUIZNOS.COM](http://WWW.QUIZNOS.COM)  
GO TO [WWW.ULTIMATEITALIAN.COM](http://WWW.ULTIMATEITALIAN.COM)  
TO ENTER QUIZNOS  
ULTIMATE ITALIAN GIVEAWAY

0 0 6 6 v 5  
Cracker Barrel Store #253  
Las Cruces, NM  
1103686 LINDSEY J  
TBL 224/1 6 6 0 5 GST 2  
JAN22'09 6:25PM  
1 RASPBERRY LEMON 1.99  
1 WATER 0.00  
1 COUNTRY CHEF SAL 7.99  
PEPPERCORN  
1 GRILL CKN SALAD  
HONEY MUSTARD  
Subtotal 17.97  
Tip 3.00  
Tax 1.33  
Total 22.30  
XXXXXX1016 XX/XX  
MASTER CARD 22.30  
--1120256 CLOSED JAN22 7:07PM

Thank You  
Please Come Back

[www.CrackerBarrel.com](http://www.CrackerBarrel.com)

SAINTONI  
1001 University Ave. Ste 2  
Las Cruces, NM 88006  
Ph 915-274-7863

Thank You for Visiting

TABLE: 0 5:2 - 1 Guests  
SANTONI [Not Found]  
1/22/2009 12:44:43 PM - ID #0057508  
Subtotal \$13.50  
Total Taxes \$1.00

Grand Total \$14.50

## Credit Purchase

Name : ANDERSON/STEPHANIE E  
CC Type : MasterCard  
CC Num : xxxx xxxx xxxx 1016  
Reference : 1566  
Approval : 005868  
Server : Manager  
Ticket Name : D 5:2

Payment Amount:

\$14.50

Tip:

\$1.50

Total:

\$16.00

CUSTOMER COPY  
I agree to pay the amount shown above.

Please Come Back!

Thank You

Thank You For Choosing  
Chick-fil-A

(505) 522-8204

1/26/2009 12:22:30 PM

EAT IN

Order Number: 490124

1 CG Sand	3.49
1 Med Fry	1.55
1 4 Strips	4.09
1 Med Fruit Cup	2.19

Sub. Total:	11.32
-------------	-------

0.83

Tax: 15

Discount Total:	10.00
-----------------	-------

Change	0.00
--------	------

Master Card:	-12.15
--------------	--------

Register:6	Tran Seq No: 490124
------------	---------------------

Store No:00187	Crystal
----------------	---------

Please Visit Again

Master Card  
Card Num : XXXXXXXXXXXX1016

APPROVED

Result : 00

Approval : 016265



APP1

Journal:  
NM 88  
11/26/2009 10:32:3292

USA HIGH D MASTERCARD  
DATE: 01/26/09 TIME: 17:00 CTRL: 24650  
CARD NUMBER: \*\*\*\*-\*\*\*\*-\*\*\*\*1016  
EXP DATE: \*\*/\*\*  
APPROV CODE: 031754

AMOUNT : 10.00

TIP : 3.81

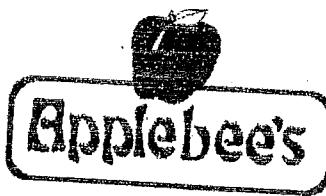
TOTAL : \$22.00

*Daniel*  
HMSHOST  
BURGER KING  
EL PASO INT'L AIRPORT

216 CRISTINA  
CHK 8771 JAN20109 11:56AM  
TO QD  
1 CHICKEN SAND 4.49  
1 FRENCH FRIES R 1.79  
1 MEDIUM W/CHS 3.59  
NO MAYO  
NO TOMATO  
1 L FRENCH FRIES  
TOTAL 11.00  
TAX 0.98  
AMOUNT 12.84  
XX/XXXXXXX0 XX/XX  
MS1 CARD A1 5\* 12.84

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

\*\* GUEST COPY \*\*



APPLEBEE'S  
NEIGHBORHOOD GRILL & BAR  
1601 Hickory Loop  
Las Cruces, NM 88001  
(505) 525-1891

USER: JENNIFER W MASTERCARD  
DATE: 01-27-09 TIME: 20:12 CTRL: 20186

CARD NUMBER: \*\*\*\*1016  
EXP DATE: \*\*/\*\*  
APPROVAL CODE: 081960

AMOUNT: 20.21

TIP: 3.00

TOTAL: \$23.21

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

\*\* GUEST COPY \*\*

90S

Murphy Express  
1290 South Valley  
Las Cruces,  
NM 88005-3060  
800-843-4298

SITE: 8536  
DATE: 01-25-09  
TIME: 20:13  
TRACE: 8916  
Merch5429 82185364  
Term ID: 99051  
SALE  
Debit  
\*\*\*\*\*4010  
Entry Method: S  
Invoice#: 9492  
Auth.#: 007423  
Batch: 20090125478  
CARD AMT: \$ 21.25  
PIN TSED

PUMP: 1  
PROD: UNLEAD  
PRICE/GAL: \$1.719  
NET/GAL: \$1.719  
QTY(GAL) : 14.105  
FUEL TOTAL: \$24.25  
NET TOTAL: \$24.25

Save 3 cents per  
GALLONS with the  
Murphy Express  
GAS CARD!!

Murphy Express 8536  
1290 South Valley Dr  
Las Cruces,  
NM 88005-3060  
800-843-4298

SITE: 8536  
DATE: 01-25-09  
TIME: 20:12  
TRACE: 7305  
Merch5429 82185364  
Term ID: LP69 51  
SALE  
Debit  
\*\*\*\*\*4010  
Entry Method: S  
Invoice#: 8755  
Auth.#: 006944  
Batch: 20090125478  
CARD AMT: \$ 13.00  
PIN USED

PUMP: 6  
PROD: UNLEAD  
PRICE/GAL: \$1.719  
NET/GAL: \$1.719  
QTY(GAL) : 7.561  
FUEL TOTAL: \$13.00  
NET TOTAL: \$13.00

Save 3 cents per  
GALLONS with the  
Murphy Express  
GAS CARD!!

7-11 #57651  
6200 GATEWAY EAST  
EL PASO , TX  
Station: 651  
Unit: 5194-01  
- Original -  
01/28/2009 10:53  
Receipt: 42834  
Pump: 02  
Product: UNLEADED  
Gallons: 2.667  
Price/G: \$ 1.859  
TOTAL: \$ 4.96  
SALE - Card Swiped  
MC XXXXXXXXXXXXXXXX4010  
Response Code 00  
Refer: 96000790244  
Batch: 79 Seq: 24  
Approval: 077265  
Thank You For  
Your Business  
Please Come Again

### FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

#### A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

4. If you had any funeral expenses, please list them.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ 349.49

**TOTAL OF CRIME RELATED COSTS** \$ 349.49

B. **Money you have received from other sources:**

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

**Property, Auto or Homeowners Insurance** \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical Insurance** \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Other (list source and amount and please use additional paper if necessary.) \$ \_\_\_\_\_

2. Have you applied for Crime Victim Compensation Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If you received any compensation as a result of your claim, please list the amount.

\$ \_\_\_\_\_

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ \_\_\_\_\_

Please write any additional information you would like the judge to know about the money this crime has cost you.

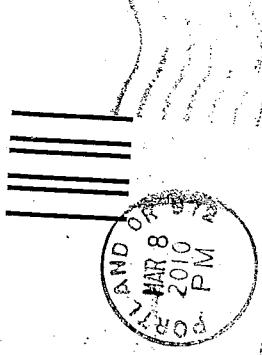
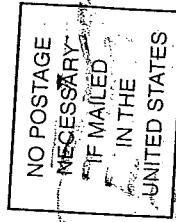


SIGNATURE

3-7-2010  
DATE

(Daniel is no longer employed w/ this employer.)

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 16280 WASHINGTON DC

POSTAGE WILL BE PAID BY U.S. DEPARTMENT OF JUSTICE

UNITED STATES ATTORNEYS OFFICE  
DISTRICT OF NEW MEXICO  
555 S TELSHOR STE 300  
LAS CRUCES NM 88011

Attention: Jacquie Gutierrez

2010 MAR 29 AM 10:04  
U.S. ATTORNEY'S OFFICE  
LAS CRUCES, NM